Michigan Department of Human Services OFFICE OF CHILDREN AND ADULT LICENSING REQUEST FOR AFC FORMS AND PUBLICATIONS

| MAIL REQUEST TO: | MAIL FORMS TO: (LICENSEE) | |
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| Michigan Department of Human Services Office of Children and Adult Licensing 7109 W. Saginaw, 2 nd FI PO Box 30650 | Name | |
| | Facility Name | |
| Lansing, MI 48909-8150 | Address | |
| OR FAX to: (517) 335-6121 | City/State/Zip Code | |
| | License # Phone # | |

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| NAME OF FORM | FORM# | QUANTIT Y |
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| Resident Funds and Valuables I | OCAL-2318 | |
| Resident Funds and Valuables II | OCAL-2319 | |
| AFC Resident Care Agreement | OCAL-3266 | |
| Health Care Appraisal | OCAL-3947 | |
| AFC Licensing Division – Incident / Accident Report | OCAL-4607 | |
| Public Act 218, 1979, as amended | OCAL PUB-39 | |
| Licensing Rules for AFC Family Homes | OCAL PUB-332 | |
| Licensing Rules for AFC Small Group Homes (12 or less) | OCAL PUB-333 | |
| Licensing Rules for AFC Large Group Homes (13 to 20) | OCAL PUB-334 | |

OCAL-3265 Assessment Plan for AFC Residents - This form can <u>only</u> be downloaded from the Internet (web address above) and copied.